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Force Shaping in Navy Medicine:
Application of a Strategic Planning Model
to the Psychological Healthcare Community

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Abstract

According to the Department of Defense Task Force on Mental Health (2007), the current system is not sufficient to meet new demands for psychological healthcare services. The purpose of this exploratory management project is to apply a strategic planning process model to the psychological healthcare community in Navy Medicine, in order to establish a process that can be used throughout the enterprise. A system-wide examination provides a solid foundation for decision makers and demonstrates a replicable process that can be applied to examine emerging needs in other communities. Goals, objectives, action plans, and implementation strategies address the current and future requirements for psychological healthcare services in Navy Medicine. The objectives are to increase the number of uniformed psychological healthcare providers, establish pipelines for recruiting and training, leverage the use of technology, improve access to psychological healthcare services, and reduce stress on the force. Further detailed analysis is required to determine actual force structure needs.

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Disclaimer

The opinions or assertions contained herein are the views of the author and do not reflect the official policy or position of the Bureau of Medicine and Surgery, Department of the Navy, Department of Defense, United States Government, or Baylor University.

Ethical Considerations

No personal identifying information was used during this study. The author declares no conflict of interest or financial interest in any product or service mentioned in this paper.

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Introduction

Participation in the Global War on Terrorism has increased the demand for psychological healthcare services for both service members and their families. According to the Department of Defense (DoD) Task Force on Mental Health (2007), the current system is not sufficient to meet new demands in psychological health services. New, unforeseen challenges have resulted in an increase in requirements for the delivery of psychological health care. Two injuries in particular, post traumatic stress disorder (PTSD) and traumatic brain injury (TBI), have emerged from this conflict and often occur together, requiring integrated and interdisciplinary treatment. Data from the Post-Deployment Health Re-Assessment (PDHRA), given 90-120 days after returning from deployment indicate that 31 percent of Marines and 38 percent of Soldiers report psychological symptoms. Those returning from combat are also at risk for psychological health issues such as anxiety, depression, and alcohol abuse.

Significant attention has been given to the topic of psychological health in the Armed Forces over the past few years. A number of task forces and work groups have been established to examine psychological health matters and provide assessments and recommendations for the improvement of psychological health care within the DoD. These inquiries have been examining the current Military Health System (MHS) to

determine its capacity to provide appropriate psychological healthcare services, particularly to returning Wounded Warriors and their families.

While there is still much to be done to ensure Navy Medicine's ability to meet current and future requirements for psychological healthcare services, key work is underway and progress is being made. The Navy and Marine Corps have instituted several programs over the past few years to address many psychological healthcare issues including the Combat Operational Stress Control (COSC) Program, the Operational Stress Control and Readiness (OSCAR) Program, and the Marine Operational Stress Surveillance and Training (MOSST) Program.

In 2006, Section 723 of the National Defense Authorization Act directed the examination of the delivery of psychological health services in the Armed Forces. The Secretary of Defense established the DoD Task Force on Mental Health to evaluate the effectiveness of the current system and provide recommendations for improvement. According to the Task Force (2007), "The system of care for mental health that has evolved over recent decades is insufficient to meet the needs of today's forces and their beneficiaries, and will not be sufficient to meet their needs in the future." (p. ES-1) Unforeseen demand has resulted from participation in the Global War on Terrorism, and requires the expansion of psychological healthcare services and capabilities.

Several factors have contributed to the development of this issue. Participation in the Global War on Terrorism has increased the demand for psychological healthcare services for both service members and their families. Many significant changes in psychological health requirements have come about as a result of the war. Some of these new requirements include the implementation of the Preventive Health Assessment (PHA), Post-Deployment Health Assessment (PDHA), and Post-Deployment Health Re-Assessment (PDHRA). Additional requirements are attributed to the establishment of Operational Stress Control and Readiness (OSCAR) teams, increased deployments of psychological health providers, emerging training needs including resilience training, as well as new laws and Congressional mandates.

In the recent *Report to Congress on the Establishment of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury and Military Eye Injuries* (2008), staffing issues are cited repeatedly as one of the major capabilities gaps being faced in the efforts to get the Centers for Excellence fully functioning. This appears to be a common issue across several organizations providing psychological healthcare services. The demand for the services is increasing while the availability of providers is not. In most cases, it is recognized that the demand is increasing, and programs are being designed to address the changes. However, organizations must

provide adequate, executable resources to ensure timely staffing and implementation of the programs.

Changing requirements and expansion of services have led to an increase in the demand for psychological healthcare services while appropriate sourcing of the necessary force structure resources to meet the new demand has been slow. There is a need for strategic direction in how to address the issue in order to bridge the gap between requirements and capabilities in psychological healthcare services. This issue is important for Navy Medicine because the organization needs to determine how to shape the psychological healthcare force to meet the current and future needs of its beneficiaries. In order to provide the appropriate force structure resources, Navy Medicine must determine the current and future demand for psychological healthcare services, the required number and type of providers to deliver those services, and the means it will use to recruit and retain those providers.

The purpose of this exploratory management project is to apply a strategic planning process model to the psychological healthcare community in Navy Medicine, in order to establish a process for strategic planning for force shaping that can be used throughout the enterprise. A system-wide examination using a process model will provide a solid foundation for future decision makers with regard to shaping the force of the

psychological health community and will also demonstrate a replicable process that can be applied to examine emerging future needs in other communities.

Literature Review

According to Zuckerman (2005), strategic planning is a useful method to determine where an organization is, where it should be going, and how it should get there; it is not simply long-term planning. The process of strategic planning allows the organization to evaluate its operations within the context of the changing environment, and make proactive decisions to manage change instead of reacting to it (Swayne, Duncan, & Ginter, 2006).

Strategy is a concept with a long history, discussed by early writers and strategists including Sun Tzu, Homer, and Euripides (Swayne, Duncan, & Ginter, 2006). According to Bracker (1980), the Greek verb *stratego* means "to plan the destruction of one's enemies through effective use of resources." Many of the terms commonly associated with strategy were developed by the military including strengths, weaknesses, objectives, and mission.

Swayne, Duncan, and Ginter (2006) define strategic planning as "the set of organizational processes for identifying the desired future of the organization and developing decision

guidelines." Swayne, Duncan, and Ginter also state that, "A strategy is the means an organization chooses to move from where it is today to a desired state some time in the future."

Beckham (2000) defines it similarly as "a plan for getting from a point in the present to some point in the future in the face of uncertainty and resistance." Campbell (1993) includes measurement in his definition, "a process for defining organizational objectives, implementing strategies to achieve those objectives, and measuring the effectiveness of those strategies." Evashwick and Evashwick (1988) expand their definition to, "the process for assessing a changing environment to create a vision of the future, determining how the organization fits into the anticipated environment based on its institutional mission, strengths, and weaknesses; and then setting in motion a plan of action to position the organization accordingly."

According to Bellenfant and Nelson (2002), strategic planning fundamentals are often neglected during times of high pressure or crisis, but this is when they are needed the most; an organization that is good at developing and implementing a strategic plan can anticipate the environment's changing demands and opportunities. Zuckerman (2005) adds that many executives on the front lines of healthcare delivery believe that strategic planning is still relevant, especially considering the rapidly

changing operating environment. There are several benefits of strategic planning: it coordinates, establishes measures, gains commitment, and provides a roadmap, direction, and focus (Fogg, 1994).

In his book, *Healthcare Strategic Planning*, Zuckerman (2005) presents a strategic planning process model (Figure 1) with four basic stages: Environmental Assessment, Organizational Direction, Strategy Formulation, and Implementation Planning. The first stage of the process is the Environmental Assessment. This stage examines the current situation, and includes four parts: an organizational review, external assessment, internal assessment, and an evaluation of the organization's competitive position. The second stage, Organizational Direction, develops a future strategic profile of the organization through the examination of alternative futures, mission, vision, values, and key strategies. The third stage, Strategy Formulation, determines what the organization will target as its future scope of services and position. Goals and objectives are established for the organization during this stage. The fourth and final stage of the process, Implementation Planning, involves the identification of actions necessary in order to implement the plan. These include setting a schedule/timeline, determining priorities, and allocating resources to ensure plan implementation.

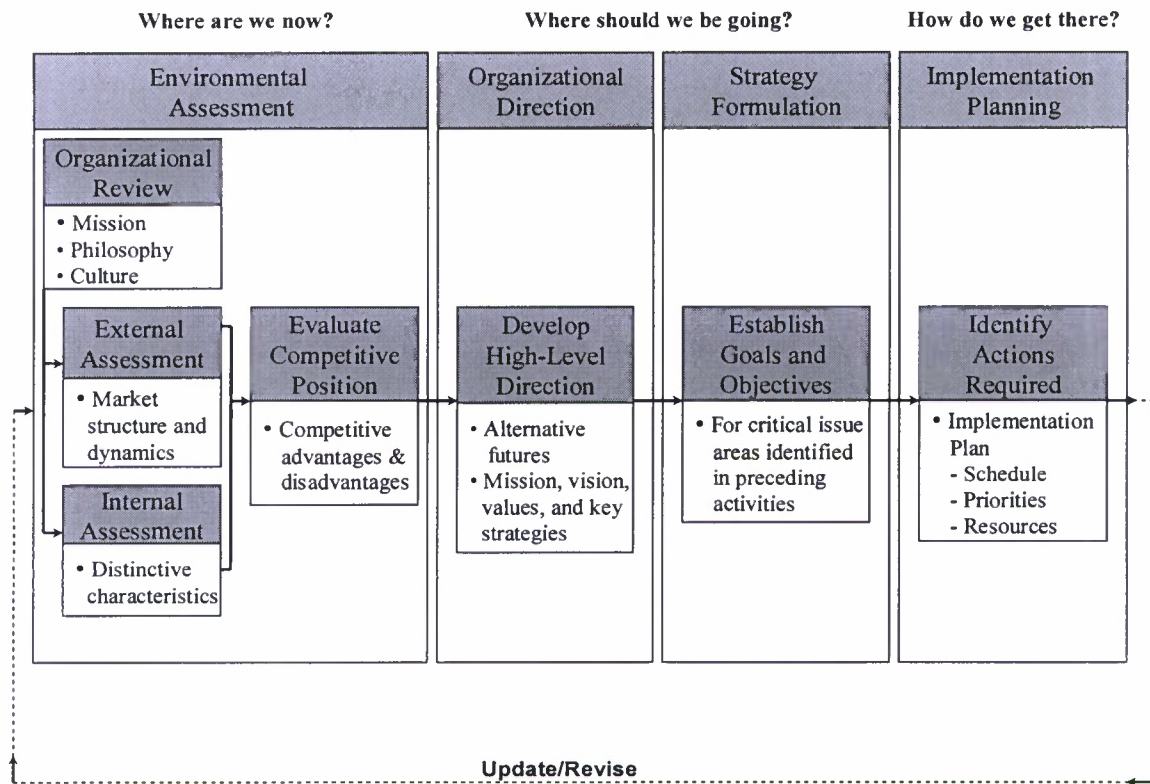


Figure 1. Strategic planning process model.

Adapted from *Healthcare Strategic Planning*, by A. M. Zuckerman, 2005, p.7. Chicago: Health Administration Press.

The selection and use of a strategic planning process model such as this one provided by Zuckerman is key in an organization's force shaping process. A manpower model can be used or developed to determine the precise number of each type of provider that is needed, but the strategic planning process model is the critical first step to provide the direction for where the organization is going. It provides the context and foundation for the manpower model. If the organization's

direction is unknown with regard to a particular service category or community of providers, it is unlikely that the organization will be able to accurately determine the appropriate number of providers.

Environmental Assessment

According to Zuckerman (2005), the purpose of the environmental assessment is to understand past successes and failures, provide a solid base for understanding the surroundings, determine which factors the organization can influence, and identify the potential for external effects on the organization. The first step of the Environmental Assessment is the Organizational Review. This stage consists of a high-level review of the organization's current mission, vision, and value statements, as well as a look at the current structure and process to determine whether they allow the organization to achieve its mission and goals.

Organizational Review

Navy Medicine's Mission, Philosophy, and Culture

Navy Medicine is the Medical Department of the Navy. According to the Manual of the Medical Department (1994), Navy Medicine is comprised of the Medical Corps, Dental Corps, Medical Service Corps, Nurse Corps, and Hospital Corps. The Manual of the Medical Department (p.1-3) also states that Navy Medicine "administers commands and facilities devoted to providing medical and dental services, including the Bureau of Medicine and Surgery (BUMED), activities under the command or support of BUMED, and the medical and dental departments of

other major claimants and offices." The Surgeon General of the Navy is the head of Navy Medicine and also serves as the Chief of BUMED. Vice Admiral Adam M. Robinson Jr. assumed duties as the 36th Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery on August 27, 2007 (Bureau of Medicine and Surgery [BUMED], 2008).

The Surgeon General is an Office of the Chief of Naval Operations (OPNAV) Principal Official, and serves as the principal advisor to the Chief of Naval Operations (CNO) for health care issues and medical training programs (BUMED, 2007b). In coordination with the Medical Officer of the Marine Corps (TMO) and Deputy Director, Navy Medicine (N931), the Surgeon General maintains cognizance of and provides capabilities supporting Force Health Protection requirements to Navy and Marine Corps forces. He also serves as principal advisor to the Assistant Secretary of Defense for Health Affairs for tri-service medical issues (BUMED, 2007a). The Surgeon General is responsible to ensure Navy and Marine Corps active duty members are physically and mentally ready to carry out their worldwide mission, and to provide healthcare delivery for all Navy medicine beneficiaries (BUMED, 2007a).

As the Chief of BUMED, he is charged with ensuring personnel and material readiness of shore activities as assigned by the Chief of Naval Operations for command, developing health

care policy for all shore-based treatment facilities and operating forces of the Navy and Marine Corps, providing primary and technical support on the direct health care delivery system of shore-based treatment facilities and operating forces of the Navy and Marine Corps, and managing the use of indirect health care delivery systems (BUMED, 2007b).

In 2005, all Navy Medical and Dental Commands were aligned under the military command of Chief, BUMED. The CNO subsequently established the Navy Medicine Regional Commands, to increase efficiencies and standardize processes throughout Navy Medicine (BUMED, 2007b). "Regional Commanders are charged with governance within their defined geographic or functional areas of responsibility and delegated day-to-day operational control and resource execution authority" (BUMED, 2007b, p. 1-1). Flag-level officers serve as Regional Commanders over each of the four Regional Commands: Navy Medicine East, Navy Medicine West, Navy Medicine National Capital Area, and Navy Medicine Support Command (see Figure 2). "The Regional Commanders serve as single points of reference for all Navy Medicine healthcare and support services" (BUMED, 2007b, Encl 1, p. 8). Regional Commanders report directly to the Chief, BUMED. The three geographically defined Regional Commands ensure the execution of medical, dental, and other healthcare services in their areas of

responsibility, while Navy Medicine Support Command ensures the effective execution of support services (BUMED, 2007b).

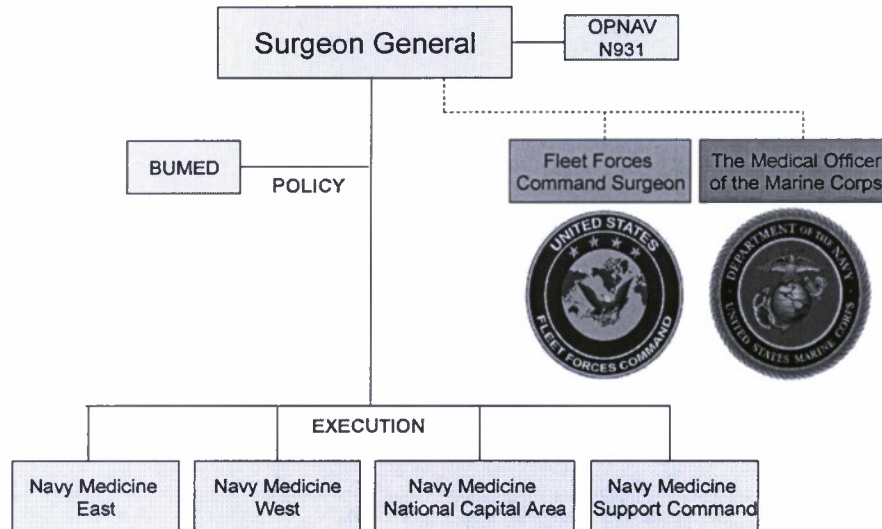


Figure 2. Navy Medicine organizational chart.

Adapted from "Navy Medicine" as presented to the Defense Health Board Task Force on the Future of Military Health Care, 2007.

Navy Medicine Mission

Our mission is to provide Force Health Protection. It is our duty to maintain a fit and ready force to deploy with our Warfighters, to render care and service to our men and women in uniform wherever they may be and whenever they may need it, and lastly to provide comprehensive medical care for those who faithfully support our military - our families - and those who have honorably worn the cloth of our nation - our retirees. (BUMED, 2008, November, p. 4)

Navy Medicine Vision

The United States Navy Medical Department will remain an agile, flexible, professionally anchored organization with the ability to execute Force Health Protection and all other aspects of expeditionary medical operations to support our Navy/Marine Corps warriors in any conflict, humanitarian assistance, disaster relief or other operation in which medical is needed for sustainment and success. We will prevent injury and illness when possible, but always be capable of service to mitigate whatever adversary, ailment, illness, or malady may affect our warriors. We must be capable of providing powerful assistance as a joint medical component with other services, the interagency community, allies, and international partners, as well as medical, non-governmental organizations, and corporations. (BUMED, 2008, November, p. 5)

Navy Medicine Concept of Care

"Patient and family-centered care is the bedrock of our medical system and our bottom-line. It is the heart of Navy Medicine." (BUMED, 2008, November, p.7)

Navy Medicine Strategic Goals

The Navy Medicine strategic goals are as follows (BUMED, 2008, November):

People: Navy Medicine will maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education, and training incentives. (p. 19)

Agile Forces: The Naval Forces will have the right capabilities to deliver consistent, appropriate, and timely health care services across the entire range of joint military operations. (p. 15)

Force Health Protection: Navy Medicine will promote healthy Naval Forces and ensure Warfighters are medically prepared to meet their mission. (p. 17)

Deployment Readiness: Every uniformed member of Navy Medicine will be fully deployable based on successful achievement of all training, administrative, and medical readiness requirements. (p. 13)

Patient & Family Centered Care: Patient and Family Centered care is Navy Medicine's core concept of care. It identifies each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture, and the chain of command in supporting our patients. (p. 23)

Quality of Care: Navy Medicine health service outcomes meet or exceed patient quality expectations. Our providers deliver the best and current practice complemented by convenient access, lasting results, preventive health, and mitigation of health risk. (p. 21)

Performance Based Budget: Performance Based Budgeting transforms Navy Medicine from historically based financial planning and execution into a process which links resources to performance goals. This properly aligns authority, accountability, and financial responsibility with the delivery of quality, cost-effective healthcare. (p. 25)

Research and Development: Navy Medicine will conduct relevant research, development, testing, evaluation, and clinical investigations which protect and improve the health of those in our care. (p. 27)

Core Values

Navy Medicine upholds the Navy Core Values of Honor, Courage, & Commitment (Department of the Navy, 2004):

Honor: 'I will bear true faith and allegiance ...'

Accordingly, we will: Conduct ourselves in the highest ethical manner in all relationships with peers, superiors and subordinates; Be honest and truthful in our dealings with each other, and with those outside the Navy; Be willing to make honest recommendations and accept those of junior personnel; Encourage new ideas and deliver the bad news, even when it is unpopular; Abide by an uncompromising code of integrity, taking responsibility for our actions and keeping our word; Fulfill or exceed our legal and ethical responsibilities in our public and personal lives twenty-four hours a day. Illegal or improper behavior or even the appearance of such behavior will not be tolerated. We are accountable for our professional and personal behavior. We will be mindful of the privilege to serve our fellow Americans.

Courage: 'I will support and defend ...' Accordingly, we will have: Courage to meet the demands of our profession and the mission when it is hazardous, demanding, or

otherwise difficult; Make decisions in the best interest of the Navy and the nation, without regard to personal consequences; Meet these challenges while adhering to a higher standard of personal conduct and decency; Be loyal to our nation, ensuring the resources entrusted to us are used in an honest, careful, and efficient way. Courage is the value that gives us the moral and mental strength to do what is right, even in the face of personal or professional adversity.

Commitment: 'I will obey the orders ...' Accordingly, we will: Demand respect up and down the chain of command; Care for the safety, professional, personal and spiritual well-being of our people; Show respect toward all people without regard to race, religion, or gender; Treat each individual with human dignity; Be committed to positive change and constant improvement; Exhibit the highest degree of moral character, technical excellence, quality and competence in what we have been trained to do. The day-to-day duty of every Navy man and woman is to work together as a team to improve the quality of our work, our people and ourselves.

Philosophy and Culture

In his Navy Medicine Online (NMO) blog entry *Our Calling; Our Privilege*, the Navy Surgeon General addresses the philosophy and culture of Navy Medicine (Robinson, 2007). The philosophy of Navy Medicine is to "treat the patient; care for the entire family." Establishing a strong culture incorporating organizational values and empowering individuals to do the right thing is the most effective way to ensure the highest levels of patient and staff satisfaction. Navy Medicine strives to empower staff members to do whatever it takes to deliver the highest quality patient and family centered care. Vice Admiral Robinson explains, "We [Navy Medicine] must recruit, train, and retain the best possible healthcare personnel," in order to deliver the highest quality healthcare to our beneficiaries. Navy Medicine must ensure its healthcare providers "have the best possible opportunities for learning, advancement, and fellowship," along with "...support for their personal, professional, physical and spiritual growth, and well being throughout their career."

Information regarding Navy Medicine's mission, vision, and values can be found on the NMO website, and in the Navy Medicine Strategic Plan. Navy Medicine's strategic goals are posted on the NMO homepage where Navy Medicine personnel can access them easily. Regional Commanders and individual commands are

responsible for disseminating this information throughout the organization.

The Navy Medicine strategic planning process involves an annual planning cycle from January to December. Strategic planning is conducted in the first quarter from January through March, followed by implementation and monitoring throughout the year. In December, pre-planning begins for the next year's strategic planning cycle beginning in January. The staff of the Office of Strategy Management (OSM) department at the BUMED headquarters function as consultants to Navy Medicine's executive leadership and governance bodies on matters of strategic planning, annual planning, special studies, surveys, analyses, evaluations, and transformation efforts (BUMED, 2007a). The primary governing and policymaking body for Navy Medicine strategic planning is the BUMED Corporate Executive Board (CEB). This board meets weekly and is chaired by Vice Chief, BUMED. Flag and senior civilian leadership from BUMED, TMO, and N931 discuss strategy, policy, resources, performance, and organizational alignment issues (BUMED, 2007a). Non-BUMED personnel such as clinicians and external stakeholders are invited to participate in the strategic planning process to provide input of subject matter experts when relevant.

External Assessment

In order to position the organization for success within its environment, the organization must have an understanding of the environment in which the organization operates, as well as the ability to anticipate and respond to changes occurring within the environment. According to Swayne, Duncan, and Ginter, (2006) the goals of the External Assessment are to: classify and order issues and changes generated external to the organization, identify and analyze issues that may impact the organization, detect and analyze weak signals of emerging issues, speculate on likely future issues and trends, provide organized information to be used in the remainder of the planning process, and foster strategic thinking throughout the organization. Swayne, Duncan, and Ginter indicate that there are four basic steps to follow when completing an External Assessment: *Scanning* to identify trends and issues within the environment, *Monitoring* the identified issues, *Forecasting* the projected future, and *Assessment* of the implications for the organization.

Scanning

An examination and analysis of the external environment reveals both the opportunities and threats that exist for the organization. Conducting an External Assessment has become an extremely complex task in the healthcare environment due to the

existence of several different categories and sources of information. The external environment for this study is comprised of the general environment, the healthcare environment, and the psychological healthcare service area. Scanning is the first step in the External Assessment. It allows the organization to view information in the external environment, organize the information into desired categories, and identify issues with each category (Swayne, Duncan, & Ginter, 2006). External influences which have affected or are likely to impact Navy Medicine's performance in the future are as follows:

Legislative/Political:

- Quadrennial Defense Review (QDR) 2006 - Defense transformation and shift in planning structure
- National Defense Authorization Act (NDAA) for Fiscal Year 2006, (H.R. 1815, 2006) Sec. 723. DoD Task Force on Mental Health
- John Warner National Defense Authorization Act for Fiscal Year 2007, (H.R. 5122, 2007) Sec. 711. DoD Task Force on the Future of Military Health Care
- National Defense Authorization Act for Fiscal Year 2008, (H.R. 4986, 2008) Sec. 721. Prohibition on conversion of

military medical and dental positions to civilian medical and dental positions

- Dole-Shalala Report - Loss of confidence in military medicine (*Findings of the President's Commission*, 2007)
- Base Realignment and Closure (BRAC) - several locations impacted
- DCoE for TBI/PTSD - increased focus on psychological health
- TRICARE for Life - increase in beneficiaries (\geq age 65) with more complex healthcare issues
- Regulation - Health Insurance Portability and Accountability Act (HIPAA), Center for Medicare and Medicaid Services (CMS) reimbursement policy changes
- Accreditation - Joint Commission, Baldrige National Quality Program, for psychological healthcare programs: Association for Advanced Training in Behavioral Sciences, Council on Social Work Education, American Board of Examiners in Clinical Social Work
- Affiliation - American Medical Association, American Psychiatric Association, American Psychological Association, American College of Nurse Practitioners, National Association of Social Workers, Clinical Social Workers Association, etc.

- Lack of parity in psychological health coverage and medical coverage by insurance plans
- New Administration - potential for decreased DoD budgets, increased expansion of health coverage and benefits, pay for performance and aligning incentives for excellence, shift to coordinating and integrating care, improvement of psychological healthcare, improvements to Veterans Affairs (VA) healthcare, and global health focus

Economic:

- Recession, weak financial market, market pressures and problems throughout the U.S. economy
- Changes in the labor market could result from economic crisis - less availability of jobs in the civilian market could encourage individuals to look to the military for employment
- Deflation pressures - depending on the movement of labor, other costs could be forced down
- Rising costs of healthcare - increasing costs associated with purchased care, cost containment pressures, projected increases in co-pays and fees for non-active duty beneficiaries, increasingly expensive products and services such as pharmaceuticals and technology

- Constrained infrastructure and finances throughout DoD and military medicine - although Global War on Terrorism (GWOT) supplemental funding has temporarily alleviated some of these pressures

Social/Demographic:

- Increasing number of military members returning from combat operations
- Stress on the Force - Prolonged high operational tempo (OPTEMPO), deployments, particularly Individual Augmentee (IA) and Health Services Augmentation Program (HSAP) billets, negatively impact both active duty and civilian staff, increased deployments for psychological healthcare providers
- DoD transformation - agile and expeditionary forces, decentralized non-state enemies, shift to capabilities-based and adaptive planning
- Workforce - shortages of healthcare providers (both by specialty and geography), the population is more diverse, increased numbers of English as a Second Language (ESL) staff and patients
- Changes in the staffing mix of psychological healthcare providers to include increasing numbers of Social Workers, Nurses, and other non-psychological healthcare

professionals and assistants (Bureau of Labor and Statistics, 2008a-d)

- Aging healthcare workforce, particularly in nursing and psychiatric provider specialties
- Aging population, increasing life expectancy, more retirees and a greater burden on the system (Manderscheid & Berry, 2004)
- Education - enlisted service members with higher education levels, increasing costs for education, management of Graduate Medical Education (GME) resident training programs
- Navy Medicine (as well as the other Armed Services) has experienced challenges over the past several years in recruiting and retaining desired numbers of healthcare professionals in certain specialties including psychological healthcare specialties (Government Accountability Office, 2009)
- Military entitlement to health care, associated moral hazard resulting in misuse/abuse of system for visits that are not clinically necessary
- Growth in the number of beneficiaries (Marine Corps in particular), increased use of services
- Long-term shift in psychological health services from inpatient to outpatient (Manderscheid & Berry, 2004)

- Psychological health integration - changes in the delivery of psychological healthcare, some shifting to primary care setting
- Overall there has been a decrease in the number of psychological health organizations providing 24-hour hospital and residential treatment as well as the number of psychological health organizations providing less than 24-hour services (Manderscheid & Berry, 2004)
- Widespread fragmentation in the provision of psychological healthcare services
- Stigma - several efforts are underway to reduce the stigma often associated with seeking or receiving psychological healthcare services

Technological:

- Increased use of technology in health care, Electronic Health Record/Electronic Medical Record, HIPAA, privacy, and security requirements
- High costs associated with increased use of sophisticated computer technology
- Advances in health information technology include automation, telemedicine, and performance management tools like MHS Insight

- Poor/limited integration of data systems which often requires re-work and additional entries, leveraging the technology becomes very difficult

Competitive:

- Consolidation within the MHS - BRAC due to cost pressures and competition, continued pressure expected for joint medical capabilities and inter-operability of military medical personnel
- Determining the most effective and appropriate use of the purchased-care network for the delivery of psychological healthcare services (non- Military Treatment Facility (MTF)) - lack of coordination in local areas, redundant services, separate business practices, models, and preferences, turf protection versus collaboration
- Patient loyalty, MTF versus out purchased-care network
- Continued expansion of outpatient services and innovative alternative healthcare delivery systems
- Increased involvement of patients in their health care, growth of the patient-centered care concept
- Increasing demand for healthcare quality
- Recruitment and retention of psychological healthcare providers necessary for force readiness and a comprehensive healthcare system

- Competition for funding/personnel/resources with other branches of the Armed Services
- Warrior mindset - Battlemind training/psychological fitness/resilience training

Monitoring

After Scanning has identified key trends and issues in each category, the Monitoring step tracks the information. The objective of Monitoring is to focus the information around identified issues in order to eliminate as much ambiguity as possible. Factors that may limit this process include time, resources, and the capability to comprehend complex issues (Swayne, Duncan, & Ginter, 2006). The following five issue clusters have been identified: Governance, Operations, Technology, Education, and Marketing.

Issue Cluster - Governance:

Legislative- Several recent laws have had a significant impact on the provision of health care, force shaping, and psychological healthcare services in Navy Medicine. Section 723 of the 2006 NDAA called for the DoD Task Force on Mental Health. Section 711 of the 2007 NDAA called for the DoD Task Force on the Future of Military Healthcare. Section 721 of the 2008 NDAA prohibits the conversion of military medical and dental

positions to civilian medical and dental positions. The Base Realignment and Closure (BRAC) has impacted several locations with potential changes to billet structure and staffing requirements.

Political- Several government reports have also had an impact on the provision of health care. In 2007, the President's Commission on Care for America's Returning Wounded Warriors released the Dole-Shalala report citing a loss of confidence in military medicine. An increased focus on psychological health has presented several opportunities for leadership in research and development of standards of care and treatment. The DCoE for TBI/PTSD has been established to address many of these issues. The Quadrennial Defense Review Report (DoD, 2006) highlighted the need for defense transformation from static defense to one that is more agile and expeditionary to respond to new and elusive foes and decentralized, non-state enemies, and also indicated a shift in planning structure from threat-based planning to capabilities-based adaptive planning.

With the election of a new administration in 2008, there is potential for federally mandated expansion of health coverage and benefits, pay for performance and aligning incentives for excellence, greater shifts toward coordinated and integrated care, the improvement of psychological health care, improvements

to VA healthcare, and a global health focus. Decreased defense budgets are also expected.

Issue Cluster - Operations:

Access- Recruiting and retention efforts have a significant impact on access to psychological healthcare services. The workforce must contain the right number and type of providers to meet the needs of the patients. There are several factors that could potentially have an impact on the shape and make-up of the workforce and the recruiting and retention of healthcare providers in the coming years. The U.S. is already experiencing shortages of healthcare providers (both by specialty and geography), the population is becoming more diverse, and there are increased numbers of English as a Second Language (ESL) staff and patients. The healthcare workforce is aging, particularly in nursing and psychiatric provider specialties. According to the Bureau of Labor and Statistics (2008), many changes are taking place in the staffing mix of psychological health providers to include increasing numbers of social workers, nurses, and other non-psych health professionals and assistants.

In the military, recruitment and retention of medical personnel is necessary for personnel readiness and a comprehensive healthcare system. Although all medical recruiting

goals were met in 2008, Navy Medicine has experienced challenges in recruiting and retaining the desired numbers of healthcare specialists over the past several years. Competition for funding, personnel, and resources with other branches of the Armed Services is an additional challenge when it comes to force shaping in the military.

Stress on the force has had a significant impact on access because it impacts both patients and the providers of healthcare services. Psychological healthcare provider specialties are considered high demand/low density; there are a limited number of them and a high demand exists for the services they provide. This often results in multiple, frequent deployments of these providers to meet requirements in the theater of operations, which can be stressful for the providers. Also, when providers deploy, their patients have to be transferred to other providers, disrupting continuity of care and causing additional stress to patients.

Moral hazard resulting in the misuse or abuse of the system for visits that are not clinically necessary can also contribute to problems with access. In general, the U.S. is experiencing greater demands for access to healthcare services. The aging population results in more retirees and a greater, more complex burden on the healthcare system (Manderscheid & Berry, 2004). TRICARE for Life provides supplemental insurance coverage for

retired beneficiaries over the age of 65 with Medicare coverage, resulting in an increasing number of eligible beneficiaries with more complex healthcare issues.

Regarding access to psychological healthcare services, there has been an overall decrease in the number of psychological healthcare organizations in the U.S. (Manderscheid & Berry, 2004). In the military, there has been an increase in the demand for psychological healthcare services due to a prolonged, high OPTEMPO, multiple deployments, stigma reduction efforts to reduce the stigma often associated with seeking or receiving psychological health services, and growth in the number of eligible beneficiaries.

Cost- The weak financial market has led to a recession and a poor overall economic situation in the U.S. The increasing cost of capital is having a significant impact on healthcare operating costs and opportunities for growth and expansion. Depending on the movement of labor, deflation pressures could result and drive other costs down.

Healthcare costs have been steadily rising over the past several years. These increased costs can be attributed to increasingly expensive products and services such as pharmaceuticals and technology, an increased use of sophisticated computer technology for the management of health information, high administrative overhead, moral hazard, and

specialization among many other factors. Cost containment pressures are growing and resource efficiency is one opportunity to reduce costs throughout the healthcare industry.

In the MHS, high costs are associated with purchased care, lack of coordination in local areas, redundant services, separate business practices, models, and preferences, and a mindset of turf protection versus collaboration. Due to cost pressures and competition, it is expected that there will be continued pressure for joint medical capabilities and interoperability of military medical personnel. Some of this has been made into law through BRAC. The MHS must determine the most effective and appropriate use of the purchased care network, and how to gain the greatest efficiency and effectiveness from the limited resources that are available. Projected increases in co-pays and fees for non-active duty TRICARE beneficiaries are expected to be necessary in the future in order to keep the overall costs within budget.

Quality- Several changes have taken place that impact both how healthcare is delivered and how patients perceive and define the quality of the care they receive. There has been a shift from inpatient to outpatient care settings, and there is a continued expansion of outpatient services and innovative alternative healthcare delivery systems. Patients are increasingly involved in their own health care with the

proliferation of the patient-centered care concept. The demand for healthcare quality has increased, and patient satisfaction scores along with Healthcare Effectiveness Data and Information Set (HEDIS) and other measures are used to determine and measure quality of care.

With regard to psychological healthcare services, there has been a decrease in the number of organizations providing psychological healthcare services and a long-term shift in delivery from inpatient to outpatient (Manderscheid & Berry, 2004). In recent years, psychological health integration has resulted in some psychological healthcare delivery shifting to the primary care setting, having a positive impact on reducing the stigma associated with psychological healthcare (Manderscheid & Berry).

Issue Cluster - Technology:

The use of technology in health care has increased in both the clinical and administrative arenas and is expected to continue. Technology, when used appropriately is an enabler, allowing more effective and efficient treatment and care for patients. However, high costs are associated with the increased use of sophisticated computer technology. Limited integration of data systems often requires re-work and additional entries.

Leveraging the technology becomes very difficult under current circumstances.

There are several opportunities to leverage the use of healthcare information technology in the future for the delivery of psychological healthcare services including a standardized Electronic Health Record/Electronic Medical Record, HIPAA/privacy protection, automation, telemedicine, telepsych, and web-page management.

Issue Cluster - Education:

The increasing costs for education could have serious implications for future force shaping in Navy Medicine. One of the critical tools for recruitment and retention of healthcare providers includes education benefits. This is definitely a factor that should be watched closely over the coming years. The number of enlisted personnel with college degrees is on the rise. As the enlisted medical personnel become more highly trained and well-educated, it will be important to ensure that the salary and benefits they are offered can compete with jobs of similar technical expertise in the civilian sector and that there are opportunities for advancement into the officer ranks. Also, some Graduate Medical Education (GME) resident training programs have experienced challenges in remaining open in recent years. Leveraging education and training opportunities and

benefits will be important for shaping the force of the future to ensure Navy Medicine can maintain an appropriate force to continue to provide psychological healthcare to its beneficiaries.

Issue Cluster - Marketing:

Marketing has been used for recruiting efforts, but it is a tool that could be better leveraged to improve communication both internally and externally. Poor internal communication could be addressed through a coordinated marketing plan that sends a consistent message throughout the enterprise regarding psychological healthcare strategic direction or other hot topic issues. Marketing could be used to communicate and share information to external stakeholders regarding psychological healthcare programs and initiatives.

Forecasting

There are several significant trends in the healthcare environment that currently have an effect on, or are likely to impact Navy Medicine in the future. The Forecasting step in the External Assessment extends the identified trends that the organization is Monitoring. The purpose of Forecasting is to identify what the trends might look like in the future if they continue. How significantly will the trends impact the organization, and what is the likelihood that the trends will continue in the future? Table 1 highlights several of the major trends and issues, identifies the opportunities and threats that exist for the organization, and assigns impact and probability scores to each. Increased demand for psychological healthcare services, recruiting and retention challenges, and stress on the force appear to be the most relevant for Navy Medicine with regard to force shaping in the psychological healthcare community. Given the current state of the healthcare environment, capitalizing on opportunities for psychological healthcare integration, education, and resource efficiencies should be the organization's top priorities.

Table 1

Trend Identification and Extrapolation

Trend/Issue	Opportunity or Threat	Evidence	Impact on Navy Med 1-10 ^a	Prob. of Continuing 1-10 ^a
Legislative Reform	Threat & Opportunity	<ul style="list-style-type: none"> - Legislation impacting force shaping (O&T) - New administration (O&T) - Decreased defense budgets (T), Expansion of coverage, alignment, coordination, global health focus & psychological health care improvements(O) 	7	9
Increased Demand for Psych Health Services	Threat & Opportunity	<ul style="list-style-type: none"> - Increased # of military members returning from combat operations (T), - USMC growth (T) - Defense Center of Excellence, be the leader in R&D of standards of care and treatment (O) 	10	10
Stress on the Force	Threat & Opportunity	<ul style="list-style-type: none"> - High OPTEMPO, multiple deployments, strain on deployed forces and providers (T) - Increased resource sharing/partnerships (O) - COSC & Care for the Caregiver (O) 	10	9
Recruiting & Retention Challenges	Threat & Opportunity	<ul style="list-style-type: none"> - Professional staffing shortages (T) - Aging Psych workforce (T) - Potential for burnout of current staff (T) - Changes in psych health staffing mix (O) 	10	10
Psych Health Integration	Threat & Opportunity	<ul style="list-style-type: none"> - Shift to outpatient & primary care (O) - Fragmentation of psychological health services (T), patient tracking and case management (O) - Decrease in psych health service orgs (T&O) - Stigma reduction (T- access & O- more patients willing to seek needed care) 	8	9
Resource Efficiency	Threat & Opportunity	<ul style="list-style-type: none"> - Funding for medical recruitment/retention (T&O) - Effective/appropriate use of network (T&O) - Resource sharing (O) - Expansion of services/innovative delivery (O) - Use of quality/access/utilization metrics to promote positive competition for resources (O) 	6	7
Education/ GME	Threat & Opportunity	<ul style="list-style-type: none"> - Insufficient training pipeline (T) - Program expansions, relocations based on increased demand for psych health services(O) 	8	5
Recession/ Economic Pressures	Threat & Opportunity	<ul style="list-style-type: none"> - Labor market (T), Deflation pressures (O) - Additional stressor military & families (T) - Rising costs of healthcare (T) 	7	7
Technology	Threat & Opportunity	<ul style="list-style-type: none"> - Increased use of technology (T&O) - High costs (T) - Inefficient, poorly integrated systems(T&O) - Advances/innovation (O) - Having useful/reliable data for analysis (T&O) 	8	9

^a 1 = low impact/probability, 10 = high impact/probability

Assessment

The final step of the External Assessment is the Assessment. The trends and issues must be evaluated in order to determine the significance to the organization. This process is not an exact science; it requires sound judgment and ingenuity. The purpose is to make sense out of all the information that has been gathered. The Trends and Issues plot (Figure 3) is a simple tool to organize and graphically depict the environmental data. Typically, issues to the right of the curved line should be addressed in the strategic plan because they are expected to have a significant impact on the organization and have a high likelihood of continuing. This plot indicates that increased demand for psychological healthcare services and recruiting and retention challenges have both the highest impact on Navy Medicine and highest probability of continuing. All the trends and issues to the right of the trend line should be addressed in the development of the strategic plan, but these two are critical with regard to the force shaping of the psychological healthcare community.

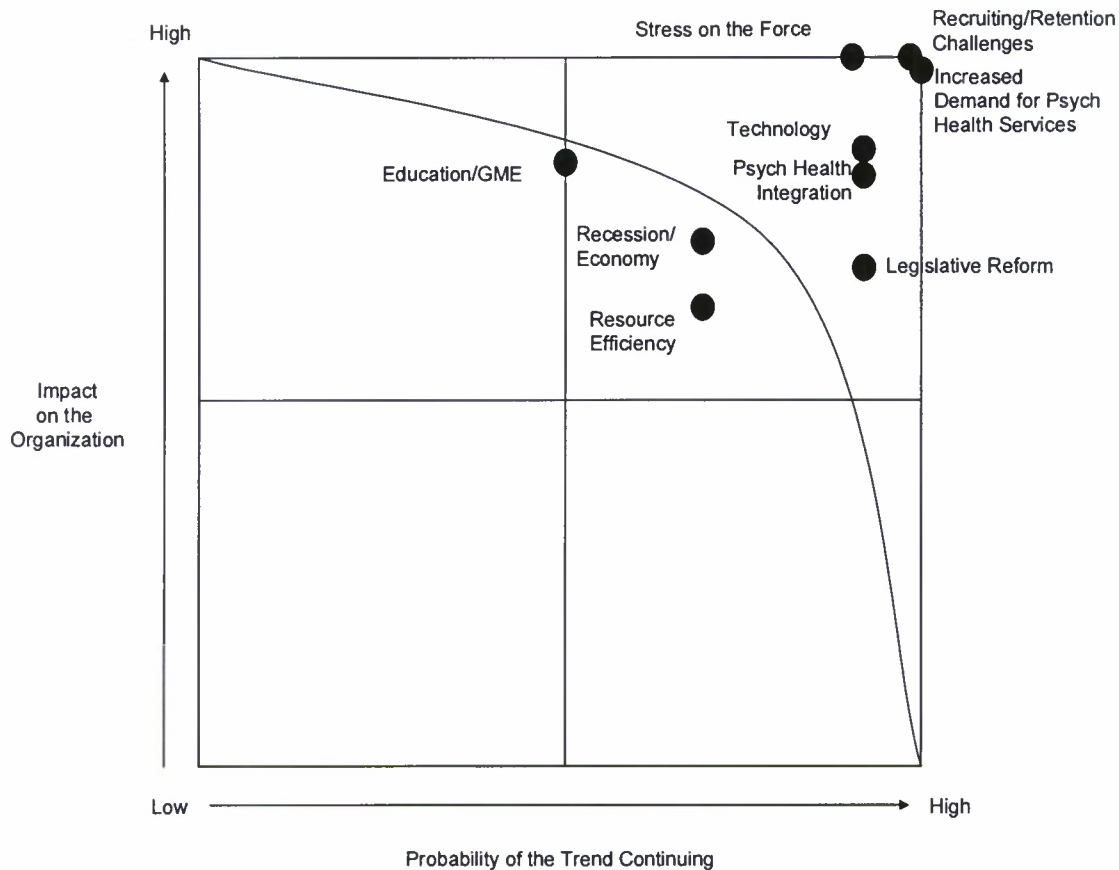


Figure 3. Impact versus probability of continuation of identified environmental trends and issues.

Service Area Competitor Analysis

This part of the Environmental Assessment attempts to further define and understand the organization's environment through the identification of a specific service area or category, the competition, strengths and weaknesses, and anticipation of strategic moves. This requires the organization to conduct primary market research, gathering pertinent data

concerning the competition, and interpretation of the data regarding likely changes in key external factors and implications for strategic decision making.

Service Category

Navy Medicine provides a full range of healthcare services for its beneficiaries in support of the Force Health Protection mission; this includes the capabilities necessary to provide family and beneficiary support in hospitals and clinics and meet the requirements of deployed Navy and Marine Corps forces around the globe. The focus of this strategic analysis is on the psychological healthcare services category. This is a broad categorization of services that can be delivered at all levels along the continuum of care by a number of different types of providers. This broad level was chosen in order to fully explore the possible force shaping implications for Navy Medicine.

Historically, psychological healthcare providers have not functioned as an official community within Navy Medicine, in part because several different specialties are involved. Currently, provider specialties include Psychiatrists, Clinical Psychologists, Clinical Nursing Specialists, Mental Health Nurse Practitioners, and Social Workers. Table 2 displays the March 2009 active duty inventory for these specialties. Chaplains, Primary Care providers, Psychiatry Technicians, Religious

Program Specialists, and Substance Abuse and Rehabilitation Program (SARP) counselors function as extenders of the psychological healthcare providers. Occupational Therapists and Physical Therapists have been considered as potential providers to be included in the psychological healthcare community as well.

Table 2

Navy Medicine Active Duty Psychological Healthcare Providers

Psychiatrists	85
Clinical Psychologists	118
Clinical Nursing Specialists	16
Mental Health Nurse Practitioners	6
Social Workers	12

Adapted from ALMED database, 2009, March. Bureau of Medicine and Surgery.

The five current provider specialties are organized under three separate Corps within Navy Medicine: the Medical Corps, Nurse Corps, and Medical Service Corps. Given the current organizational structure (Figure 4), each specialty is managed independently of the others with informal coordination through the specialty leaders and Offices of the Corps Chiefs. The communities are managed based upon the number of billets (spaces) designated for each type of provider. The current demand signal is based on the Operational Support Algorithm, which is a tri-service validated method that combines daily operational support, surge capability, and force sustainment requirements. Navy Medicine's uniformed manpower is determined

by the operational capabilities required to support Navy and Marine Corps missions. (from *Navy Medicine* as presented to the Defense Health Board Task Force on the Future of Military Healthcare, Feb 20, 2007).

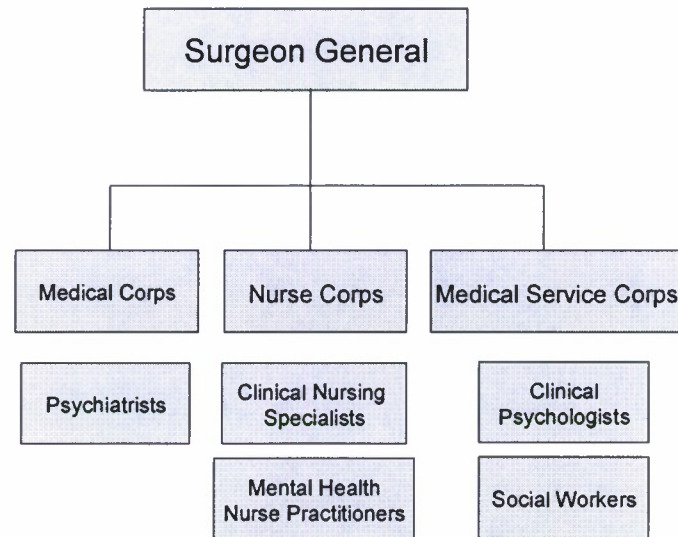


Figure 4. Current alignment of Navy Medicine psychological healthcare provider specialties.

Service Area

The service area for this strategic analysis includes all areas where Navy Medicine has beneficiaries in need of psychological healthcare services. This includes the entire continuum of care from the battlefield to home. Since Navy Medicine supports operations globally, the geographic borders of

the service area are determined by where the beneficiaries are located around the world. Each MTF has a catchment area that it covers, generally a 40 mile radius (TRICARE Management Activity [TMA], 2007), while deployed units have medical assets that are imbedded as a part of the units and travel with them. Although it is difficult to clearly define the service area in geographic terms, it is vital to address the global demands on the psychological healthcare community. It is also important to note that each geographic location will have unique requirements for psychological healthcare services based on the needs of the local population and local environmental factors. Each facility or unit should be familiar with its own environment and beneficiary needs in order to provide specific feedback to regional commanders and BUMED. Ideally, the Service Area Competitor Analysis should be conducted in a more focused geographic area such as by region or major MTF catchment areas and then rolled up into one at the headquarters level for BUMED, in order to include and address the unique needs of each location.

Service Area Profile

The Service Area Profile highlights key competitively relevant indicators for the strategic analysis. These variables

can act as predictors of consumer behavior. A list of potential variables for this strategic analysis is provided in Table 3.

Table 3

Service Area Profile Variables

<u>Economic:</u> Beneficiary category Rank	<u>Demographic:</u> Age Gender Race Marital Status Education Level Occupation Code Religious Affiliation
<u>Psychographic:</u> Values Attitudes Lifestyle	<u>Community Health Status:</u> PTSD/anxiety cases per 100,000 TBI cases per 100,000 Suicides per 100,000 Exposure to combat Deployment status Number of deployments

Economic: factors such as income distribution or unemployment should not have a significant impact on the demand for psychological healthcare services in Navy Medicine since the healthcare benefit is of no additional cost to active duty beneficiaries. Retirees, family members, and other beneficiaries may choose TRICARE benefit plans that require an annual premium and/or co-pay (TMA, 2008).

Demographic: factors to consider for the Navy Medicine beneficiary population include age, gender, race, marital status, education level, religious affiliation, and occupation

code. An examination of usage patterns according to demographic factors could be useful.

Health status indicators: factors related to psychological healthcare include PTSD/anxiety cases per 100,000 population, TBI cases per 100,000 population, and suicides per 100,000 population. Suggested risk factors for individuals are exposure to combat, deployment status, number of deployments. Attrition, retirement, recruiting, and retention rates for providers, along with changes in the patient/provider ratio could also be included as indicators of risk and may be comparable to civilian benchmarks.

Structural Analysis

A structural analysis of the service area using Porter's Five Forces framework examines the competitive nature or future viability of an industry. Porter (1979) indicates that the level of competition within an industry is the most critical factor in the environment of an organization. In Porter's model, intensity of competition is a function of five forces: threat of new entrants, level of rivalry among existing organizations, threat of substitute products and services, bargaining power of buyers, and the bargaining power of suppliers. This analysis examines the delivery of psychological healthcare services. Figure 5 depicts the application of Porter's model for structural

analysis to the psychological healthcare community and provides a framework for understanding the competitive dynamics of the industry.

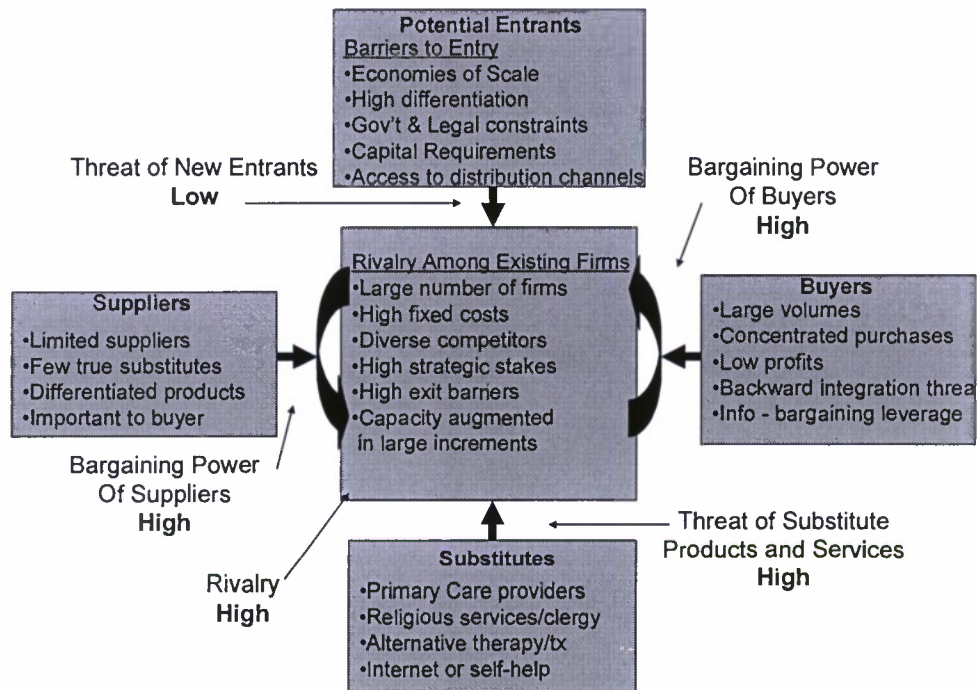


Figure 5. Structural analysis for psychological healthcare services.

Adapted from "How competitive forces shape strategy," by M. E. Porter, 1979, *Harvard Business Review*, March-April, p.141.

Threat of new entrants. The threat of new entrants is dependent on the presence of barriers to entry for the service area. In the psychological healthcare services industry, many barriers to entry are present, and the expected threat of new entrants is low. Well-established organizations in this industry have attained economies of scale, and as a result, a high level of competition among existing firms continues, while entry is

difficult for newcomers. Differentiation exists among types of providers and the services they offer. Significant capital requirements are necessary to compete, particularly with inpatient treatment and the increased use of technology. Access to distribution channels is high as hospitals have access to many required resources and can enter the market quickly by converting clinic spaces. Government constraints include licensing requirements and certificates of need (in some states), creating barriers to entry for firms looking to enter this market.

Intensity of rivalry among existing organizations. Rivalry among competitors usually occurs as they try to improve their position in the industry. The following factors promote rivalry and are present in the psychological healthcare service area: numerous competitors, high fixed costs, capacity augmented in large increments, diverse competitors, high strategic stakes, and high exit barriers. These factors indicate that the intensity of rivalry among existing organizations is high. It is expected that consolidations and partnerships are likely in the future and rivalry will intensify. The intensity of rivalry is more location driven, and some local areas will experience higher levels of rivalry than others.

Threat of substitute products and services. The psychological healthcare services industry is diverse, and has

already experienced shifts to outpatient delivery of care, increased use of family practice, and the use of alternative medicine therapies and treatments. Other potential substitute products and services include the use of religious services and clergy and family or non-clinical counseling services. Increased use of the internet, self-help products and programs, and training for prevention and resilience should also be viewed as possible substitutes. While there are a number of potential substitutes, there are no true substitutes for clinical counseling and treatment by a trained physician or other healthcare provider. However, if the number of trained healthcare providers is not sufficient to meet the demand for psychological healthcare services, the use of substitute products and services will increase. Because of this, the overall threat of substitute products and services is considered high.

Bargaining power of buyers. The buyers of psychological healthcare services demand high quality, well-trained providers at the lowest possible price. When buyers are powerful, competitive rivalry is high. The following factors indicate a powerful buyer group: purchases large volumes, makes concentrated purchases, earns low profits, threatens backward integration, and has enough information to gain bargaining leverage. Over the past several years, the power of buyers has

been growing in the healthcare industry. According to Swayne, Duncan, and Ginter (2006), managed care organizations make large volume purchases and direct provider choices, fueling system integration and blurring the line between providers and insurers. The bargaining power of buyers is high.

Bargaining power of suppliers. Suppliers can have an impact on the intensity of competition by controlling prices and the quantity of services they supply. The following factors indicate powerful suppliers in the delivery of psychological healthcare services: few suppliers, few true substitutes, differentiated products and services, and the service supplied is important to the buyer. Since the "product" in service industries is produced and consumed at the same time, labor is the major supplier in the healthcare industry. Unions are not prevalent or powerful among psychological healthcare providers. Most individuals who choose to work in this industry have chosen the field to care for others, not to earn a large salary. Psychological healthcare providers have not been a particularly dominant force in the past, but they may become increasingly powerful as the demand increases for the services they provide. As a result, the bargaining power of suppliers is high.

Major Competitor Strengths and Weaknesses

This Competitor Analysis focuses on major competitor groups that Navy Medicine competes with for hiring psychological healthcare providers. Many of these competitors also function as partners with Navy Medicine in the provision of care, but from the force shaping perspective, these organizations are direct competitors for hiring and retaining psychological healthcare providers. This part of the analysis only examines the competition for human capital. The strengths and weaknesses listed in Table 4 are not meant to be exhaustive, but should be comprehensive enough to suggest the expected responses of competitors to strategic issues and identify critical success factors. The competitor groups are as follows: other uniformed services (to include Army, Air Force, Coast Guard, and Public Health Service), government agencies (to include the Department of Veterans Affairs and the Department of Health and Human Services), civilian providers (to include hospitals, private practices, self-employed providers, and health plans or insurance companies), and academic institutions and other educational organizations.

Table 4

Competitor Strengths and Weaknesses: Psychological Health

Competitor Group	Strengths	Weaknesses
Other Uniformed Services ^a	<ul style="list-style-type: none"> • Competitive advantages (Army)- larger organization, currently growing the force, more funding • Economies of scale • Innovation abilities- R&D, Army Battlemind training program • Experience • Education benefits- bonuses, incentive pays, loan repayment 	<ul style="list-style-type: none"> • Financial resources- budget restraints, limited control of funding • Weakened image (Army)- Walter Reed incident • Quality of Life for employees- deployments
Government Agencies ^b	<ul style="list-style-type: none"> • Economies of scale • Positive image • Competitive advantage- focused beneficiary population (VA) • Innovation abilities • Experience • Employee benefits • No deployments 	<ul style="list-style-type: none"> • Financial resources- budget restraints, limited control of funding • Facilities- upgrades needed in some locations • Limited availability of certain services at some locations
Civilian Providers ^c	<ul style="list-style-type: none"> • Positive image, reputation, well established • Employee benefits • Financial resources • Tend to be smaller and have a more "local" orientation • No deployments 	<ul style="list-style-type: none"> • Economies of scale • Not typically as focused on R&D • May be missing key skills and competencies in treating combat related illness/injury
Academic/ Education ^d	<ul style="list-style-type: none"> • Local orientation • Defined population • Tenure/long-standing relationships • Wide variety of services • No deployments • Quality of Life 	<ul style="list-style-type: none"> • Economies of scale • Employee benefits • Expected shortages

^a Go Army, Department of the Army, 2009. <http://www.goarmy.com>. ^b VA jobs, Department of Veterans Affairs, 2009. <http://www.va.gov/jobs>. ^c Hoover's Healthcare Sector, 2009. <http://www.hoovers.com/healthcare-sector>. ^d Mental Health, United States, by Manderscheid & Berry, 2004. Washington, DC: DHHS

Likely Actions or Responses

Figure 6 shows a mapping of the strategic groups for psychological healthcare. An organization must anticipate the next strategic moves of its competitors in order to formulate its own strategies for the future. The competitor strategic moves are estimated based on the analysis of strengths and weaknesses, strategic groupings, and past actions. All competitors must realize that competition for psychological healthcare providers is high. This industry is expected to continue to grow over the next decade, and the competition will most likely get tougher.

Offensive strategies for growth are expected for all competitors. Other uniformed services, particularly the Army, are predicted to offer sign-on bonuses, specialty pays, loan repayment, and continuing education opportunities to new providers as well as a generous benefits package. It is also projected that the VA will offer loan repayment and continuing education opportunities along with competitive salaries and benefits. Network providers will likely offer competitive salaries, while maximizing quality of life benefits including flex-schedules.

Defensive strategies to maintain current providers are also anticipated, but they are essentially the same strategies used

to attract new providers: money, benefits, and quality of life factors. Since the military can not always offer the same quality of life factors as other organizations, it is imperative that leadership ensure adequate compensation is provided through other benefits including education, cash bonuses, specialty incentive pays, dwell time, and choice of duty station.

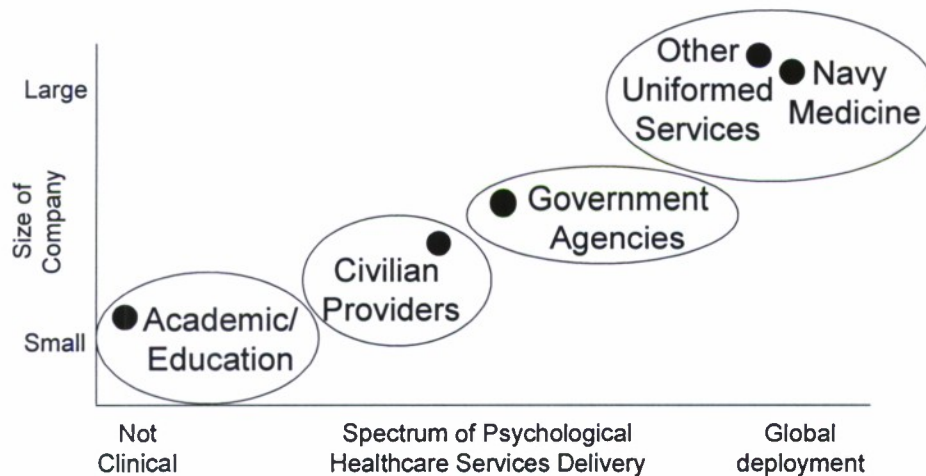


Figure 6. Strategic group mapping of competitors.

Internal Assessment

The Internal Assessment examines the strengths and weaknesses of the organization, as well as how it creates value for customers and stakeholders with regard to psychological healthcare. The organizational value chain (Figure 7) is a useful tool to illustrate how and where value can be created. A systems approach is used, indicating that value is created in the subsystems of service delivery and support activities. The service delivery subsystem includes the basic value creation activities and can be further divided into pre-service, point-of-service, and after-service activities. These include activities involved with the production of healthcare services, primary operational processes, and marketing. Service delivery is located on the top portion of the diagram. The support activities assist and advance the service delivery activities and are located at the bottom of the diagram. The support activities can be further divided into organizational culture, structure, and strategic resources and are critical to the success of the organization. They provide a constructive culture and atmosphere, an effective organization, and sufficient resources including financial, staffing, information systems, and facilities, to ensure the delivery of effective and efficient care (Swayne, Duncan, & Ginter, 2006).

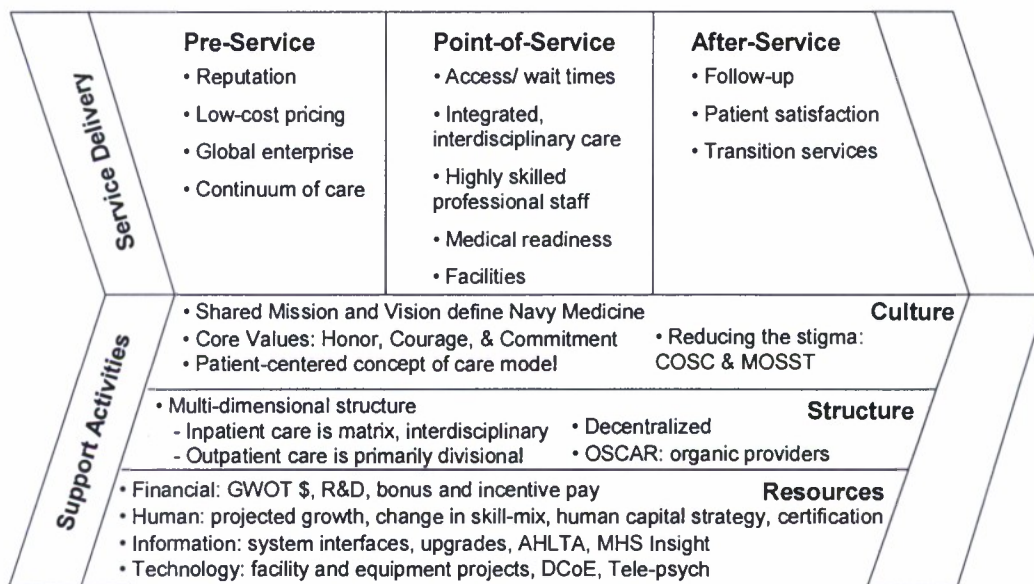


Figure 7. Porter's value chain model - Psychological healthcare services in Navy Medicine.

Adapted from *Competitive Advantage: Creating and Sustaining Superior Performance*, by M. E. Porter, 1985, p.37. New York: Free Press.

Service Delivery Activities

Navy Medicine has many value-creating strengths as well as value-reducing weaknesses in the service delivery subsystem. Pre-service activities that create value include the positive image and reputation of Navy Medicine among its beneficiaries and stakeholders, the global coverage of the enterprise, the delivery of health care along the continuum of care, and low-cost pricing. Pre-service activities that reduce value include

the overall image of military medicine as a result of negative media coverage as well as confusion regarding TRICARE benefits, the pre-authorization process, and how best to access psychological healthcare services. Point-of-service activities that create value are initial access to appointments, integrated and interdisciplinary care by professional staff members, medical readiness before deployment, and clean, well-maintained facilities. Value-reducing weaknesses include access to specialty appointments, wait times, and staffing inconsistencies. After-service activities such as follow-up and patient satisfaction are essential in creating value for the patient. Transition services include the physical evaluation board process, and those activities that enable beneficiaries to transition back to full duty, to the VA medical system, or to civilian life as a veteran. These services are also critical to the success of the patient's overall medical treatment experience.

Value creation in service delivery is improved and enhanced by the support activities. Having a patient-centered care model can increase patient satisfaction when it facilitates the delivery of services efficiently and effectively. Other cultural strengths that create value include having a shared mission and vision and the recent implementation of programs to reduce stigma and increase resilience. The cultural value-reducing

weakness is primarily the stigma associated with getting medical treatment, particularly for psychological health. A strategic marketing plan with clear, concise mission and vision statements would magnify the value of having a shared mission and vision for the organization. Structural strengths that create value are having psychological healthcare providers embedded in the operational units, and integrated, interdisciplinary treatment teams. Structural weaknesses that reduce value are the overall decentralized structure of Navy Medicine, gaps between policy and execution, and structural inconsistencies throughout the organization. In terms of resources, advances in the use of technology and financial incentives are value-creating strengths, while barriers for the execution of funding, recruiting and retention challenges, and growing resource support requirements are value-reducing weaknesses.

Identify Strengths and Weaknesses

Value Chain Component	Value Creating Strength	Value Reducing Weakness
Service Delivery – Pre-Service	<ul style="list-style-type: none"> • Covered services are free/low-cost • Services are offered around the globe • Services are available along the continuum of care – organic to inpatient 	<ul style="list-style-type: none"> • Military Medicine – weakened image due to Walter Reed incident • Confusion regarding TRICARE coverage of services, pre-authorization requirements
Service Delivery – Point of Service	<ul style="list-style-type: none"> • First line access through organic providers and family practice • Professional staff • Medical readiness • Clean, well-maintained facilities 	<ul style="list-style-type: none"> • Access to specialty appointments is limited at some locations for certain beneficiary groups • Inconsistent staffing due to OPTEMPO and deployments
Service Delivery – After Service	<ul style="list-style-type: none"> • Follow-ups improve communication and patient satisfaction • Patient Satisfaction Survey 	<ul style="list-style-type: none"> • Transition services – many gaps have been identified and are currently being addressed to improve transition processes
Support Activities – Culture	<ul style="list-style-type: none"> • Shared mission, vision, & values • Patient-centered Concept of Care • COSC, MOSST, & Care for the Caregiver 	<ul style="list-style-type: none"> • Stigma associated with medical treatment, and psychological health in particular
Support Activities – Structure	<ul style="list-style-type: none"> • OSCAR: organic providers embedded in line units (USMC and Fleet) • Integrated and interdisciplinary teams 	<ul style="list-style-type: none"> • Decentralized structure/ stovepipes • Gaps between policy and execution • Organizational structure is not consistent throughout the enterprise
Support Activities – Resources	<ul style="list-style-type: none"> • GWOT funding for hiring additional psychological healthcare providers • Increases in funding for R&D • Increases in psych health incentive pays • Advances in the use of Tele-psych • Defense Center of Excellence (DCoE) for PH/TBI 	<ul style="list-style-type: none"> • Barriers exist for execution of additional funding due to contracting process limitations and provider availability • Few established pipelines for accession of new psych health providers • Recruit/retain right number and skill-mix • Ensuring resource support for growing psych health requirements

Figure 8. Strengths and weaknesses – Psychological healthcare services in Navy Medicine.

Evaluate Competitive Relevance

Strengths- In order to be sources of competitive advantage, strengths must have value, and be rare, difficult to imitate, and sustainable (Swayne, Duncan, & Ginter, 2006). Competitive relevance is determined based on the judgment whether a strength is valuable and rare, and a determination whether it is imitable and sustainable. Value can be rated as High (H) or Low (L), Rareness is either Yes (Y) or No (N), imitability is Easy (E) or Difficult (D), and sustainability is either Yes (Y) or No (N).

Highly valuable strengths that are rare, difficult to imitate, and sustainable (HYDY) indicate a source of long-term competitive advantage. Highly valuable strengths that are rare, difficult to imitate, but are not sustainable (HYDN) indicate a possible short-term competitive advantage, but not a strength that can be sustained in the long run. All other combinations (like HNDN) found in Figure 9 are not a source of competitive advantage. The strength is either already possessed by competitors or it is easy to produce. Care should be taken to maintain these strengths, but they are not individually sources of competitive advantage.

Strength	High or Low Value?	Is the Strength Rare?	Is the Strength Easy or Difficult to Imitate?	Can the Strength be Sustained?
	H or L	Y or N	E or D	Y or N
*Services provided across a continuum of care	High	Yes	Difficult	Yes
Global enterprise	High	No	Difficult	Yes
Low-cost healthcare coverage (TRICARE)	High	Yes	Difficult	No
*Positive image	High	Yes	Difficult	Yes
Access for initial treatment and diagnosis	High	No	Difficult	Yes
*Professional staff	High	Yes	Difficult	Yes
Medical readiness	High	No	Difficult	Yes
Integrated and interdisciplinary teams	High	No	Difficult	Yes
Shared mission, vision, & values	High	No	Difficult	Yes
*Patient and family centered concept of care	High	Yes	Difficult	Yes
*Naval Center for Combat Operational Stress Control (NCCOSC), COSC, MOSST, OSCAR	High	Yes	Difficult	Yes
*Use of Technology (telepsych)	High	Yes	Difficult	Yes
Short-term financial resources	High	Yes	Difficult	No
Defense Center of Excellence for PH/TBI	High	No	Difficult	Yes

* Sources of Competitive Advantage - HYDY

Figure 9. Organizational strengths.

Weaknesses- For a weakness to be strategically relevant as a competitive disadvantage, it must be considered highly valuable to patients or other stakeholders, rare, and difficult to eliminate or correct (Swayne, Duncan, & Ginter, 2006). Competitors must also be able to sustain their advantage. Highly valuable weaknesses that are rare, difficult to imitate, and competitors can sustain their advantage (HNDY) indicate serious competitive disadvantage. Immediate attention must be paid to these weaknesses. Highly valuable weaknesses that are rare, easy to correct, and competitors can sustain their advantage (HNEY) indicates a short-term competitive disadvantage with a simple solution. All other combinations indicate weaknesses that are not sources of competitive disadvantage, but should still be addressed.

Weakness	High or Low Value?	Is the Weakness Common Among Competitors?	Is the Weakness Easy or Difficult to correct?	Can competitors sustain their advantage?
	H or L	Y or N	E or D	Y or N
Size of the organization (large and complex)	Low	No	Difficult	Yes
Limitations and confusion regarding coverage of psychological healthcare services	High	Yes	Difficult	Yes
Access to specialty appointments	High	Yes	Difficult	No
*Inconsistencies in staffing	High	No	Difficult	Yes
Transition services	High	Yes	Difficult	No
Stigma	High	Yes	Difficult	Yes
Military medicine image	High	Yes	Difficult	Yes
Decentralized structure	High	Yes	Difficult	Yes
*Organizational structure is not consistent throughout the enterprise	High	No	Difficult	Yes
Few established pipelines to produce new Navy psychological healthcare providers	High	No	Easy	Yes
*Recruitment and retention	High	No	Difficult	Yes
Low proportion of Social Workers compared to other services and civilian labor force	High	No	Easy	Yes
*Information is poorly coordinated and communicated	High	No	Difficult	Yes
Limited use of available technologies	High	Yes	Difficult	Yes
*Pay and benefits may be inadequate to compete in the labor market	High	No	Difficult	Yes
Long-term financial resources	High	Yes	Difficult	No

* Sources of Competitive Disadvantage - HNDY

Figure 10. Organizational weaknesses.

Identify Competitive Advantages and Disadvantages

An examination of the organizational strengths and weaknesses results in the identification of Navy Medicine's competitive advantages and disadvantages. Based on the analysis the competitive advantages include the provision of services along a continuum of care, a positive service image and reputation, professional staff, the patient and family centered concept of care, Combat Operational Stress Control programs, and advances in the use of technology. The strength of short-term financial resources is classified as a potential short-term

competitive advantage, but in order for this to happen, Navy Medicine must leverage the available resources. Competitive disadvantages identified are inconsistencies in staffing, organizational structure, recruiting and retention, pay and benefits, and poor communication. Short-term competitive disadvantages that should have a simple solution are limited pipelines to produce new Navy psychological healthcare providers and the low proportion of Social Workers compared to other services and the civilian labor force.

Assumptions about the future:

- Resource constrained environment
- Hybrid threats and challenges on multiple fronts
- Persistent forward presence and engagement
- Agile, flexible, and adaptable forces
- Increased joint operations, interoperability, and partnerships to leverage capabilities
- Increased demand for psychological healthcare services across the continuum of care
- Labor shortages will continue to affect the delivery of psychological healthcare services and require additional financial resources for recruiting and retention

Identification of Planning Issues

The following critical success factors have been identified that Navy Medicine must continue to execute in order to remain competitive in the delivery of psychological healthcare services in the future:

Human resources/human capital. Having the right mix and number of appropriately trained providers is critical to the successful delivery of psychological healthcare services.

Customer focus. The many and varied customers served by Navy Medicine judge the success of its efforts. Recognizing the needs of all customers from the patients to the line commanders is critical to the success of Navy Medicine.

Reputation. The image of Navy Medicine in the minds of its many stakeholders is another critical success factor. Its identity as an organization must be consistent and should not be based solely on individual interactions.

Organizational structure and responsiveness. Navy Medicine's organizational structure is critical to its future success and should ensure effective and efficient management of resources.

Communication/marketing. Navy Medicine's ability to effectively communicate with customers, stakeholders, and patients, as well as internally, is important for the success of the organization.

Key Performance Areas

Health promotion/disease prevention. Provide information and education as a means of increasing psychological resilience, preventing psychological health illness and injury, and reducing stigma.

Service delivery. Ensure quality psychological healthcare services are accessible, and leverage the use of available resources.

Organizational Direction

After the Environmental Assessment has been conducted, the next stage in the strategic planning process is to identify the Organizational Direction. This stage answers the question, "Where are we going?" and provides context for the subsequent activities. It requires looking forward to structure the future of the organization and includes the mission, vision, and values. Zuckerman (2005) provides a few key guidelines for the development of the organizational direction: It should consist of sharp, tailored directional statements and have one vision and direction; this is particularly important for large, complex organizations. The development and communication of the organizational direction is the most critical part of corporate strategic planning. It must be completely supported by all elements of the organization's senior leadership.

Mission

According to Swayne, Duncan, and Ginter (2006), the mission is an enduring statement of purpose that highlights an organization's distinctive characteristics and scope of operations. Zuckerman (2005) adds that it should indicate what the organization does and for whom. He also points out that most recently developed mission statements in the healthcare industry have two main problems. They are often too lengthy, and the

mission itself is often confused with the strategy of the organization. The mission statement should communicate in a clear and concise manner why the organization exists, conveying its core purpose. It should be short and to the point and answer the question "Who are we?" not "How will we accomplish our goal(s)?" A few components to consider when developing a mission statement include: target customers, principle services delivered, geographical area, values, philosophy, and any other unique factors.

Navy Medicine's mission statement:

Our mission is to provide Force Health Protection. It is our duty to maintain a fit and ready force to deploy with our Warfighters, to render care and service to our men and women in uniform wherever they may be and whenever they may need it, and lastly to provide comprehensive medical care for those who faithfully support our military - our families - and those who have honorably worn the cloth of our nation - our retirees. (BUMED, 2008, November, p.4)

Navy Medicine's mission for psychological healthcare services could be:

To provide comprehensive, quality, patient-centered psychological healthcare to our beneficiaries anytime, anywhere.

Vision

An organization's vision statement should be an "expression of hope" (Swayne, Duncan & Ginter, 2006). It should describe the envisioned future of the organization. What will the organization look like when it is fulfilling its purpose? According to Zuckerman (2005), the vision statement should describe "through mental pictures" what the organization should look like in the future.

Navy Medicine's vision statement:

The United States Navy Medical Department will remain an agile, flexible, professionally anchored organization with the ability to execute Force Health Protection and all other aspects of expeditionary medical operations to support our Navy/Marine Corps warriors in any conflict, humanitarian assistance, disaster relief or other operation in which medical is needed for sustainment and success. We will prevent injury and illness when possible, but always be capable of service to mitigate whatever adversary, ailment, illness, or malady may affect our warriors. We must be capable of providing powerful assistance as a joint medical component with other services, the interagency community, allies, and international partners, as well as

medical, non-governmental organizations, and corporations.

(BUMED, 2008, November, p. 5)

According to Swayne, Duncan, and Ginter (2006), a vision statement must have four important attributes: idealism, uniqueness, future orientation, and imagery. It should represent the organization's envisioned future and be clear and flexible. An effective vision statement should also be simple, inspiring, relevant, and flexible (Peters, 1988). Ultimately, it should be like a star on the horizon or a beacon of light showing the way and providing a sense of direction.

The first line of the current vision statement uses the word "remain." This gives the impression that the organization is already there and wants to continue on in the same place. This does not indicate a future orientation and detracts from the overall intent of the vision statement. The statement does have potential, but could certainly be improved to more effectively communicate the direction of the organization. Zuckerman (2005) suggests that an effective vision statement should conform to the previously described guidelines and be a brief statement of the top preferred future characteristics for the organization.

Alternate versions of the Navy Medicine vision statement could be stated:

1. The United States Navy Medical Department will be an agile, flexible, professionally anchored organization capable of providing medical care in support of our Navy & Marine Corps team for success in any operation. We are committed to our customers, prevent injury and illness when possible, and are always ready to provide care. We offer powerful assistance as a joint medical component with our partners around the globe.

2. We will be an agile, flexible, professionally anchored force capable of providing exceptional medical care to our beneficiaries anytime, anywhere. We are recognized for our customer focus and clinical excellence, and are a preferred partner in joint medical operations around the globe.

Values

Navy Medicine upholds the Navy Core Values of Honor, Courage, and Commitment. These are the fundamentals on which the organization stands. They are in line with the mission and vision.

Honor: Conduct ourselves in the highest ethical manner....

Courage: Meet the demands of our profession and the mission when it is hazardous, demanding, or otherwise difficult; Have the moral and mental strength to do what is right, even in the face of personal or professional adversity....

Commitment: Care for the safety, professional, personal and spiritual well-being of our people [and patients]; Show respect toward all and treat each individual with human dignity; Be committed to positive change and constant improvement; Exhibit the highest degree of moral character, technical excellence, quality and competence in what we have been trained to do. (Department of the Navy, 2004)

Strategic Posture

An organization's strategic posture defines its overall strategy within the market. There are four typical classifications for how healthcare organizations behave (Zuckerman, 2005) - Defender, Prospector, Analyzer, or Reactor. According to Swayne, Duncan, and Ginter (2006), Defenders,

Prospectors, and Analyzers are all specific strategies that are appropriate for certain situations, while Reactors essentially have no strategy and therefore exhibit inconsistent, reactive behaviors.

A Defender is focused on defined markets with limited services. The main goal of this strategy is stability (Zuckerman). Defenders do not look for growth opportunities and rarely make adjustments to current strategies, structures, or technologies. Attention is focused on improving existing operations (Swayne, Duncan, & Ginter).

A Prospector makes changes often (Zuckerman, 2005), is open to new opportunities, and has regular involvement with innovation and experimentation. Creating change is a primary competitive advantage, while finding and exploiting new products and services is a major capability (Swayne, Duncan, & Ginter, 2006). Prospectors are often simultaneously involved in expansion and contraction strategies.

An Analyzer attempts to find balance between stability and change. It maintains stability in some areas while selectively developing new services and markets. Analyzers typically monitor competitor actions and adopt the ideas with the greatest potential using a deliberate approach (Zuckerman, 2005).

A Reactor lacks consistency in its approach and is unable to adapt effectively to environmental pressures. In the

healthcare industry, organizations are able to change their strategic posture depending on the environment. Leaders should examine the current market environment and make a conscious determination of the organization's posture, supporting it with resources as appropriate to ensure successful performance (Swayne, Duncan, & Ginter, 2006).

Navy Medicine should be classified as an Analyzer. Many of the current services offered are fairly stable and are provided to a defined beneficiary population, while emerging requirements call for the development of new products and services. Navy Medicine is poised to respond to changes in the environment and the needs of its customers while continuously seeking to improve the quality and efficiency of current operations.

Swayne, Duncan, and Ginter (2006) highlight the importance of understanding and clearly communicating the organization's strategic posture and cite the advantages and disadvantages of being an Analyzer. Advantages include allowing for the maintenance of core products and services, prospector development of high-risk products and services, and lower investment in research and development. Disadvantages include complex matrix structure, simultaneous management of stable and dynamic products and services, requirement for rapid response to emerging needs while achieving efficiency in core services, as well as difficulties in communication.

*Recommended Strategies
for Psychological Healthcare Services*

Adaptive Strategies

Maintenance of scope (enhancement). A Maintenance strategy is the most appropriate adaptive strategy for Navy Medicine with regard to the delivery of psychological healthcare services. The organization has been successful thus far, but there is room for improvement with efficiency and processes. Enhancement of existing psychological healthcare services will result in increased quality, efficiency, and innovation. This is a relatively low risk strategy, with the potential to lower costs while improving quality and efficiency (Swayne, Duncan, & Ginter, 2006).

Vertical integration (backward). Vertical integration is a decision to expand along the distribution channel for core operations. In health care, organizations can either grow toward the patient or suppliers (Swayne, Duncan, & Ginter, 2006). Backward vertical integration is growth toward the suppliers, in this case, toward the production of psychological healthcare providers. Vertical integration allows the organization to ensure delivery of the right product or service at the right time. Backward vertical integration would provide training

pipelines for the growth and future stability of the psychological healthcare community in Navy Medicine.

Market Entry Strategies

Cooperation (alliance and joint venture). Strategic alliances are arrangements between organizations in order to accomplish something that would not be possible to achieve by a single organization (Swayne, Duncan, & Ginter, 2006). The goal is to strengthen competitive position while maintaining organizational independence. Continued strategic alliances with the VA and network providers can increase access to psychological healthcare services and leverage available resources. Strategic alliances work best between organizations with complementary resources, competencies, and capabilities. Alliances defray costs and share risks while also sharing learning and increased access to technology and other resources. Joint ventures in the form of partnerships can be formal or informal arrangements between two or more organizations for a mutual benefit (Swayne, Duncan, & Ginter, 2006). Joint ventures pool resources for the accomplishment of a selected task. Partnerships with educational institutions should be formed to develop formal and informal pipelines for the growth of psychological healthcare providers for Navy Medicine.

Internal Development. The internal development strategy uses the existing personnel, structure, and resources of an

organization to develop new products and services or distribution strategies (Swayne, Duncan, & Ginter, 2006). This type of strategy is appropriate when growth is related to current products and services. Internal development should be utilized for the development of Navy Medicine resilience training, stress prevention, and stigma reduction programs.

Competitive Strategy

Differentiation. Navy Medicine's competitive strategy is differentiation. The focus is on what makes the organization unique (Swayne, Duncan, and Ginter, 2006). The patient and family centered concept of care and customer focus are critical, along with the service reputation. Navy Medicine's identity as an organization should be consistent across the continuum of care and in line with the mission, vision, and values of the organization.

Strategy Formulation

After organizational leaders have successfully developed the mission, vision, values, and basic strategic position, the focus must shift to the identification of activities that will lead to mission accomplishment and vision realization (Swayne, Duncan, & Ginter, 2006). According to Zuckerman (2005), the Strategy Formulation Stage of the strategic planning process is the most difficult part for many organizations. The temptation is to list hundreds of activities that must be accomplished in order to realize the vision, resulting in an overwhelming plan that is impossible to implement.

Strategic Goals

Strategic goals should focus on those areas that are critical to the success of the organization and provide specific direction for mission accomplishment while remaining broad enough to permit managerial discretion at the unit/divisional level. According to Swayne, Duncan, and Ginter (2006) the four characteristics that strategic goals should possess are: 1) related to mission critical activities, 2) linked between critical success factors and strategic momentum, 3) limited in number, and 4) formulated by leadership in general terms. Navy Medicine has developed a set of eight strategic goals that address the mission and are consistent with the vision and

values of the organization. The Navy Medicine strategic goals are as follows (BUMED, 2008, November):

People: Navy Medicine will maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education, and training incentives. (p. 19)

Agile Forces: The Naval Forces will have the right capabilities to deliver consistent, appropriate, and timely health care services across the entire range of joint military operations. (p. 15)

Force Health Protection: Navy Medicine will promote healthy Naval Forces and ensure Warfighters are medically prepared to meet their mission. (p. 17)

Deployment Readiness: Every uniformed member of Navy Medicine will be fully deployable based on successful achievement of all training, administrative, and medical readiness requirements. (p. 13)

Patient & Family Centered Care: Patient & Family Centered care is Navy Medicine's core concept of care. It identifies each patient as a participant in his or her own healthcare and recognizes the vital importance of the family, military culture, and the chain of command in supporting our patients. (p. 23)

Quality of Care: Navy Medicine health service outcomes meet or exceed patient quality expectations. Our providers deliver the best and current practice complemented by convenient access, lasting results, preventive health, and mitigation of health risk. (p. 21)

Performance Based Budget: Performance Based Budgeting transforms Navy Medicine from historically based financial planning and execution into a process which links resources to performance goals. This properly aligns authority, accountability, and financial responsibility with the delivery of quality, cost-effective healthcare. (p. 25)

Research and Development: Navy Medicine will conduct relevant research, development, testing, evaluation, and clinical investigations which protect and improve the health of those in our care. (p. 27)

A number of these strategic goals are aligned with the critical success factors outlined during the Identification of Planning Issues section of the Internal Assessment. The People goal to maintain the right workforce is directly related to the human resources/human capital critical success factor to have the right mix and number of appropriately trained providers.

The Patient & Family Centered Care goal to have each patient function as a participant in his or her own healthcare recognizing the vital importance of the family, military culture, and the chain of command in supporting our patients is closely related to the critical success factors of customer focus and organizational structure and responsiveness. In order for the focus to truly be on the customer, the organization must be structured in a way that facilitates this type of relationship.

The Quality goal to produce health service outcomes that meet or exceed patient quality expectations can be tied in with the critical success factors of Reputation and Communication/marketing. Navy Medicine's image is directly related to the quality of the care it provides complemented by convenient access, lasting results, preventive health, and mitigation of health risk. Effective communication both

internally and externally is necessary to ensure the delivery of quality care.

Objectives

After the strategic goals have been identified, the next step is to develop the objectives and actions to bring the organization from its current state to mission accomplishment (Zuckerman, 2005). The objectives are short-term (1-2 year) targets for each goal, and the action steps are the specific activities that must be accomplished to meet each objective. Both goals and objectives should be stated as future targets, while the action steps describe how to reach them.

The goals, objectives, and action steps addressed here are based on the organization's competitive advantages and disadvantages as identified during the Internal Analysis. The objectives and action steps are designed to either maintain a competitive advantage (such as increasing the use of advanced technology in the delivery of psychological healthcare services), or to provide a simple solution to a short-term competitive disadvantage (such as increasing the number of social workers and training pipelines). The following are suggested goals and objectives for Navy Medicine to reach the targeted future scope of services for psychological healthcare:

Goal 1. People: Navy Medicine will maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education, and training incentives.

Objective 1.1. To increase the number of uniformed psychological healthcare providers in Navy Medicine to improve flexibility, quality, and efficiency in the delivery of psychological healthcare services.

- a. Increase the number of annual accessions of uniformed social workers to 30 each year for the next five years.
- b. Establish a marketing plan to specifically target psychological healthcare providers.

Objective 1.2. To establish recruiting/training pipelines for psychological healthcare providers. These programs not only provide pipelines for recruiting, but also build positive relationships with the community.

- a. Build relationships with middle schools and high schools to reach students early in the career decision-making process and provide education on opportunities in the medical field, particularly in psychological healthcare (like the S2M2 program)
- b. Develop training program partnerships with existing colleges and universities, especially for high demand, low density specialties like those in psychological healthcare.

Navy MTF's could function as clinical rotation sites for example.

c. Create an internal pipeline for growth and advancement opportunities for psych techs to become psychologists, social workers, or mental health nurses. Look at existing Medical Enlisted Commissioning Program (MECP) and In-service Procurement Program (IPP) as a starting point.

Suggested Measures:

- Number of uniformed providers
- Number of pipeline programs
- % accessed through partner programs
- Utilization/benefit of pipeline
- Differentiation from competitors

Goal 2. Quality of Care: Navy Medicine health service outcomes meet or exceed patient quality expectations. Our providers deliver the best and current practice complemented by convenient access, lasting results, preventive health, and mitigation of health risk.

Objective 2.1. To leverage the use of technology in the delivery of psychological healthcare services.

- a. Expand the use of telepsych services in Navy Medicine.
- b. Increase the use of virtual therapy in Navy Medicine.

Objective 2.2. To improve access to psychological healthcare services.

- a. Establish partnerships with the VA, network providers, and others to fully utilize available resources and increase access.
- b. Increase the use of psychological healthcare extenders such as Chaplains and Family Practice providers whenever possible.

Objective 2.3. To reduce stress on the force.

- a. Develop prevention/resilience training programs.
- b. Establish strategic communication/marketing plans to ensure coordination between & utilization of available psychological healthcare services.

Suggested Measures:

- Quality and access indicators
- Patient satisfaction surveys
- Partnerships
- Utilization rates

Implementation Planning

The final stage in the strategic planning process is Implementation Planning. This stage answers the question, "How do we get there?" Actions necessary for the attainment of established goals and objectives must be identified. These include determining priorities, allocating resources, setting a schedule or timeline, and assigning individual responsibility (Swayne, Duncan, & Ginter, 2006; Zuckerman, 2005). According to Zuckerman, the transition from strategy to implementation is the point in the process where many organizations get off track. At this point in the process, principal participants and unit level leadership should play a more active role, a tracking system should be established for the implementation plan, and resource requirements must be balanced. Zuckerman provides a few key points to aid in the transition from strategy to implementation: (1) ensure specific individuals are assigned responsibility for each objective and action, (2) have a formal and informative communication and roll out of the strategic plan across the entire organization, (3) utilize detailed analysis as necessary, (4) make certain there is regular monitoring of progress, and (5) commit to strategic planning as an ongoing process and schedule regular plan reviews and updates.

Implementation Framework

The final strategic planning task is the establishment of an implementation framework, also referred to as an action plan. This involves assigning action steps to each objective, putting them in a framework that facilitates implementation and monitoring, and assigns responsibility for each action to a primary individual to ensure implementation (Zuckerman, 2005). This implementation framework facilitates the translation of established strategies into specific tasks and work assignments (Swayne, Duncan, & Ginter, 2006). Table 5 provides an example implementation plan based on the goals and objectives previously discussed.

Table 5

Implementation Framework

Goal 1. People: Navy Medicine will maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education, and training incentives.	Measurement Criteria: <ul style="list-style-type: none"> • Number of uniformed providers • Number of pipeline programs • % accessed through partner programs • Utilization/benefit of pipeline • Differentiation from competitors 		
	Resource Requirements ^a	Target Completion ^b	Responsibility ^c
1.1. To increase the number of uniformed psychological healthcare providers in Navy Medicine to improve flexibility, quality, and efficiency in the delivery of psychological healthcare services. a. Increase the number of annual accessions of uniformed social workers to 30 each year for the next five years (FY 10-14). b. Establish a marketing plan to specifically target psychological healthcare providers.	TBD	a. end of each FY b. 10/09	M1
1.2. To establish recruiting/training pipelines for psychological healthcare providers. These programs not only provide pipelines for recruiting, but also build positive relationships with the community. a. Build relationships with middle schools and high schools to reach students early in the career decision-making process and provide education on opportunities in the medical field, particularly in psychological healthcare (like the (S2M2) program, 5 new sites/FY) b. Develop training program partnerships with existing colleges and universities, especially for high demand, low density specialties like those in psychological healthcare. Navy MTF's could function as clinical rotation sites for example. (3 new sites/FY) c. Create an internal pipeline for growth and advancement opportunities for psych techs to become psychologists, social workers, or mental health nurses. Look at existing Medical Enlisted Commissioning Program (MECP) and In-service Procurement Program (IPP) as a starting point.	TBD	a. end of each FY b. end of each FY c. 10/10	M1
Goal 2. Quality of Care: Navy Medicine health service outcomes meet or exceed patient quality expectations. Our providers deliver the best and current practice complemented by convenient access, lasting results, preventive health, and mitigation of health risk.	Measurement Criteria: <ul style="list-style-type: none"> • Quality and access indicators • Patient satisfaction • Partnerships • Utilization rates 		
	Resource Requirements ^a	Target Completion ^b	Responsibility ^c
2.1. To leverage the use of technology in psychological healthcare services. a. Expand the use of telepsych services in Navy Medicine. (3 sites/quarter) b. Increase the use of virtual therapy in Navy Medicine. (1 site/quarter)	TBD	Quarterly	M6
2.2. To improve access to psychological healthcare services. a. Establish partnerships with the VA, network providers, and others to fully utilize available resources and increase access. b. Increase the use of psychological healthcare extenders such as Chaplains and Family Practice providers whenever possible.	TBD	a. end of each FY b. 09/11	M3
2.3. To reduce stress on the force. a. Develop prevention/resilience training programs. b. Establish strategic communication/marketing plans to ensure coordination between & utilization of available psychological healthcare services.	TBD	a. 10/09 b. 10/09	M3

^aActual resource determination would be done in conjunction with annual business planning cycle.

^bDates are approximate. ^cStandard military alpha-numeric department codes: (M=medical, 1=personnel, 3=operations, 6=information/communications).

Throughout the development of the Implementation Framework it is important to ensure that the actions supporting the strategic plan are made an integral part of the job of each employee. Each job should be structured according to its role in contributing to the accomplishment of the strategic plan.

Swayne, Duncan, and Ginter (2006) suggest the following questions to consider during the development of the framework:

- What objectives should be established at the unit level?
- What actions are required to accomplish the objectives?
- What order should the objectives and actions be prioritized for completion?
- What is the designated timeframe for completion of each action and objective?
- Who is responsible to accomplish each action within the established timeframe?
- What resources are required to accomplish each action within the established timeframe?
- How will the results be measured?

Effective Implementation

The effective implementation of strategy requires resolve and teamwork (Swayne, Duncan, & Ginter, 2006). Leadership from the top is critical, but everyone in the organization must

become a partner in the implementation process in order to achieve success. The message from senior leadership must be clear and consistent, and it should be communicated regularly throughout the organization (Zuckerman, 2005). Strategic guidance should be provided for unit-level managers to facilitate implementation of the plan (Swayne, Duncan, & Ginter). Leaders at this level must broaden their view to understand how their unit contributes to the organization as a whole. Strategic action plans and unit operating plans must be aligned (Zuckerman). Part of sending a clear and consistent message regarding the importance of strategy implementation throughout the organization is in its relationship to performance evaluations, rewards, and the budget (Swayne, Duncan, & Ginter, 2006). In many healthcare organizations, implementation fails because it has no impact on resource allocation or recognition. People will typically focus on those things that actually impact their budgets and paychecks.

According to Zuckerman, to make certain the plan is "driven down" into the organization: ensure appropriate budget allocations for the action plans, tie action plans to individual performance objectives, and closely track and monitor progress. Regular process reviews provide opportunities to recognize and reward those involved in implementation, establish accountability for plan completion, and facilitate the

reallocation of resources as targets are met or situations change.

Conclusion

This exploratory management project provides a foundation for shaping the force of the psychological healthcare community in Navy Medicine through a system-wide application of a strategic planning process model. Objectives, action plans, and implementation strategies are provided to address the current and future requirements for psychological healthcare services in Navy Medicine. Further detailed analysis should be conducted to determine actual force structure needs based on the strategic direction of the organization.

This project also demonstrates a replicable process that can be applied to examine emerging future needs in other communities. The system-wide application of a strategic planning process model to a particular service category within an organization is not only possible, but a relevant and valuable method for ensuring alignment between organizational strategy and service category decisions.

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